



Experience: The Delta Dental Difference



September 24, 2015



WHAT

is the Delta Dental Difference?



- Award-winning local service
- Largest Provider Network
- Not-for-profit



Benefits



Uniform Dental Benefit Summary	
Approved Provider Network: Delta Dental PPO or Delta Dental Premier Providers	
Annual Benefit Maximum	\$1,000 per person
Deductible	\$0
Diagnostic and Preventive Services Exams, cleanings, X-rays Sealants, fluoride treatments	100%
Restorative Services Amalgam (silver) fillings *Resin (white) fillings paid up to the cost of silver fillings	100%
Other Services Anesthesia (in conjunction with any covered service under the UDB) Periodontics – Maintenance only Emergency Palliative Care – to relieve pain	80%
Orthodontic Services Individual lifetime maximum <i>Dependents eligible to age 19</i>	50% \$1,500 per person
Non-covered Services (examples) Crowns, bridges, dentures, implants, endodontics (root canal treatment)	No Coverage
**NOTE: This summary does not include all plan details. Please refer to the summary plan description from Delta Dental of WI for a thorough explanation of your plan, including limitations and exclusions.	

Network



The effectiveness of Delta Dental's plan designs is enhanced by its two networks – Delta Dental PPO and Delta Dental Premier.



ETF employees have excellent access to these robust networks – about 93% of dentists currently seen by ETF employees already belong to a Delta Dental network.

The Value of Seeing a Participating Dentist



Advantages of Delta Dental Network Dentists

Out-of-Network Dentists

Delta Dental Premier Dentists

Delta Dental PPO Dentists

No balance-billing: If a dentist charges more than the agreed-to fee ceiling they can't pass on the balance to you.



Additional fee-schedule savings: Dentist agrees to a reduced fee schedule.



Convenient claims processing: Dentists file claims on your behalf. Claim payments go directly to the dentist.



Treatment guarantees: Example: repair or replace restorations if they fail within 24 months.



Finding a Participating Dentist

It's easy to find whether your dentist is in a Delta Dental network

- [DeltaDentalWI.com/state-of-wi](https://www.DeltaDentalWI.com/state-of-wi) has an easy-to-use dentist locator

Find a Network Dentist

Delta Dental's national network of dentists extends across the U.S. and Puerto Rico. Simply enter your home or work ZIP code, plus some optional information if you'd like, to generate a list of the dentists near you.

Our search tool will provide information about the plan(s) supported by each dentist (Delta Dental PPO or Delta Dental Premier, hours, accessibility, distance from you, complete contact information and website and email address (when available).

Required fields are indicated with an asterisk (*)

OPTION 1 - Your Location

Address:

City:*

State:*

OR

Zip Code*

OPTION 2 - Name

Dentist Last Name:

OR

Practice Name:

AND

Zip Code*

SEARCH

Or... Delta Dental Customer Service Representatives can help you select a participating dentist

- Call toll-free 844-337-8383 from 7:30 a.m. to 5 p.m. (Central Time) Monday-Friday to find a provider

Tools & Resources



- Our average call-to-answer time is less than 16 seconds
- More than 98.6% of inquiries (or calls) are resolved during initial contact
- 99.67% of claims are paid within 14 calendar days
- Our claim and financial accuracy exceeds 99 percent



As a State of WI employer, you can use our Customer Service team the same way an employee/member would:



844.337.8383

etfcustomerservice@deltadentalwi.com

Because everyone deserves a healthy smile.

We are proud to administer dental benefits for state and local government employees and retirees of the Wisconsin Retirement System.

YOUR DENTAL BENEFITS



Wellness-focused dental benefits from Wisconsin's No. 1 dental plan, developed specially for State of Wisconsin employees and retirees.

PROVIDER SEARCH



Use our online Provider Search tool to find a network dentist - our national network extends across the U.S. and Puerto Rico.

EMPLOYEE COMMUNICATIONS



Click here for more information about the benefits of dental insurance, choosing a dentist, Delta Dental's Premier and PPO Networks, Coordination of Benefits, and more.

WELLNESS RESOURCES



Your smile is important. See if it makes the grade by taking a simple [oral health risk assessment](#). Then learn more about how your oral health affects your overall wellness with our online resource library.

ETF HOMEPAGE



Need to visit the ETF homepage? We'll get you there.

Member Log In

[Forgot User Name? or Password?](#)



Online Provider Directory

Find a dentist!



[SEARCH](#)

Grin! e-Magazine

Fun Oral Health News and Tips



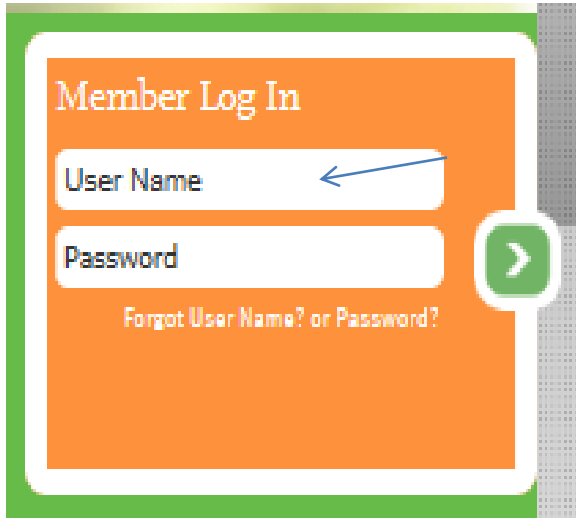
[READ ISSUE](#)

Customer Service

We're here to help.



[CONTACT US](#)



The image shows a 'Member Log In' form with an orange background. It features two input fields: 'User Name' and 'Password'. A blue arrow points to the 'User Name' field. Below the fields is a link that says 'Forgot User Name? or Password?'. A green button with a white right-pointing arrow is located to the right of the form.

- Review benefits, including coinsurance and deductibles
- Check claims and review claim history
- View and print an Explanation of Benefits (EOB)
- Access the FAIR Health Dental Cost calculator
- Confirm coverage levels by searching procedure codes
- Complete an Oral Health Risk Assessment (OHRA)

Member Portal - Registration



Sign In | Register | ?

About Delta Dental | Charitable Fund | Your Health



DELTA DENTAL OF WISCONSIN

Partnering with the State of Wisconsin for your dental benefits.

Subscriber Registration - Step 2 of 3

Please enter your information in the registration form below. We will validate this information against our records before continuing to step two in the registration process. Required fields are indicated with an asterisk (*). If you are having difficulty registering [click here](#) for customer service contact information.

(Note: Only primary Subscribers are supported for access to Subscriber Connection. Registration of a Spouse or Dependents is not currently supported.)

*First Name: ?

*Last Name: ?

*Subscriber ID or
Social Security Number: ?

*Date of Birth: [mm/dd/yyyy] ?

*Zip Code: ?

Register User

Member Portal – Registration, cont.

Register - Step 3 of 3

Your information has been verified. Please enter your personal information in the registration form below. Required fields are indicated with an asterisk (*).

The following information has been validated.

First Name:

Last Name:

Subscriber ID or
Social Security Number:

Date of Birth:

Enter a User name that will be used for your identification. Also, please enter a Password which will be used along with your User name to log you onto our system.

*User name:



User name must be at least 6 characters

*Password:



*Confirm Password:



Password must be at least 8 characters including one uppercase, one lowercase and two numeric characters. Example: myPass23

*Email Address:



Mobile Phone Number:

()

Select a Challenge Question and enter an Answer. If you forget your password, the system will prompt you with your Challenge Question. If you provide the Answer entered below, you will be able to reset your password.

Challenge Question:

City of birthplace? ▼

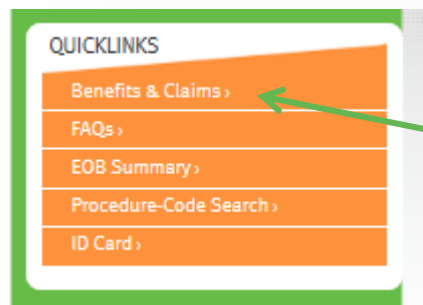
*Challenge Answer:



Register User

Cancel

Member Portal – Benefits & Claims



Eligibility and Accumulations

Drag Section to Reorder ➕



Frequency, Age, and Other Benefit Limitations

Drag Section to Reorder ➕



Maximums & Deductibles

Drag Section to Reorder ➕



Benefit Levels

Drag Section to Reorder ➕



Extra Benefits Levels

Drag Section to Reorder ➕



Waiting Periods

Drag Section to Reorder ➕



Preventive History

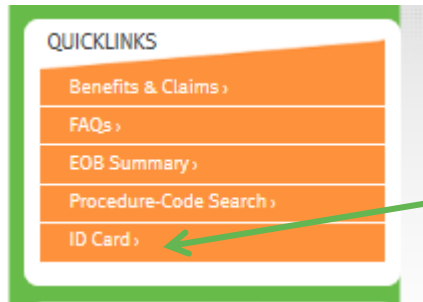
Drag Section to Reorder ➕



Claims

Drag Section to Reorder ➕

Member Portal – ID Card & EOB Summary



DELTA DENTAL OF WISCONSIN
Group#: 12345-678-00000-00000
Effective Date: 01/01/2001
Coverage Type: SELF & FAMILY

Member#: 8000000000
Susan S Sample

To Submit Claims Electronically,
use Payer # 39069



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Group#: 12345-678-00000-00000
Effective Date: 01/01/2001
Coverage Type: SELF & FAMILY

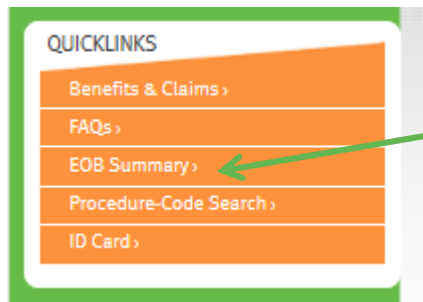
Member#: 8000000000
Susan S Sample

To Submit Claims Electronically,
use Payer # 39069



EOB Summary

Review your Explanation of Benefits statements for a given time period over the last 18 months by entering below the date range you want to review.



Member:*

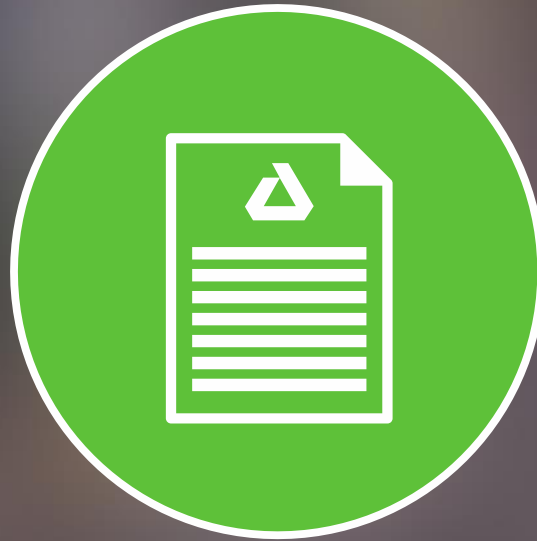
- Select -

Date Range:*

01/01/2015 9 to: 09/03/2015 9

SUBMIT

Enrollment



- Employees must be enrolled in State of Wisconsin or Wisconsin Public Employers (WPE) group health insurance coverage in order to be eligible for the Uniform Dental Benefit plan.
- Employees and annuitants (including those enrolled in Medicare) will be **automatically** enrolled in the Uniform Dental Benefit beginning January 2016.
- Employees and annuitants will be able to **opt-out** of the Uniform Dental Benefit as part of the *It's Your Choice* Open Enrollment period by filing a Health Insurance Application/Change form, OR online using MyETF Benefits.
- Coverage level (single/family) must be the same as medical.

ID Cards will be sent out in December to everyone who enrolls in the dental plan.



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Questions?

